

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FTO-875)**

SERIAL NO.
101006014
APPLICANT(S)

FILING DATE

518105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.			3		3							
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TOTAL CLAIMS			12		12							
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